

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>06/02/07</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>PH</i>		<i>6/10</i>
FORMALITY REVIEW	<i>NL</i>	<i>553</i>	<i>7/18/00</i>
RESPONSE FORMALITY REVIEW	<i>LH</i>	<i>60105</i>	<i>4-29-00</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
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106	✓	✓	
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145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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